



**Town of Halfmoon  
2 Halfmoon Town Plaza  
Halfmoon, NY 12065  
371-7410 ext. 2260  
Fax: 371-0304  
Building Department**

***SEWER/SEPTIC  
PERMIT  
Application***

Permit #: \_\_\_\_\_

Application Date: \_\_\_\_\_

Fee: \_\_\_\_\_

Permit Type: Sewer ☐ Septic ☐  
Residential ☐ Commercial ☐

Address/Location: \_\_\_\_\_ SBL# \_\_\_\_\_

**Property Owner:**

Name (PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor/Builder:**

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

**Workers Comp (C105.2 Form):** Date: \_\_\_\_\_ **Liability(Accord 25 Form):** Date: \_\_\_\_\_

**County Sewer Sign Off:** \_\_\_\_\_ **Septic Drawings Submitted:** \_\_\_\_\_

**County Sewer Permit Obtained** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\* Septic systems are to be inspected by the Town of Halfmoon Code Enforcement Office prior to backfill. A stamped letter by the design professional stating the system has been installed per NYS Code and design will be required prior to a Certificate of Compliance being issued.

(For Department Use Only)

**Action: Approved** ☐ **Disapproved** ☐ Reason for Disapproval: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_